| Г | | | | | | | | | | 1 | | |
|----|---|--|--|--------------|-----------------|------------------|----------------------|------------------|-----------------------|--------|------------|-----------|
| | | Grantee Grant Contract Number | Caring Crisis Center | | | | | | | | | |
| Н | | | Sexual Assault Prevention | n and Crisis | Services-Fe | deral | | | | | | |
| Г | | | Austin | | | | | | | | | |
| | | County | | | | | | | | | | |
| L | | Grant Period | November 1, 2011 - Octo | ber 31, 2012 | | | | | | | | |
| | 2012 PERSONNEL & FRINGE LARY FY 2012 | | | | | | | | | | Budget Mar | k-Up |
| 3/ | LART FT 2012 | | | | Hrs/wk on | | A | | | | | |
| | Title of the Position | , | te if vacant) | Hrs/wk | grant | % of Time | Annual Salary | Months | Total | | | |
| 1. | Primary Prevention Specialist (PPC) | Melinda Needy | | 40 | 32 | 80.00% | \$31,000 | 12 | \$ 24,800 | | | 27.050 |
| 2. | Outreach/Prevention Specialist Training Specialist Educator | Chris Knowit Greg Leisure | | 40 40 | 15 7 | 37.50% 17.00% | \$29,000 \$27,000 | 12 12 | \$ 10,875 \$ 4,590 | 10 nrs | 12 mos | \$7,250 |
| 3. | Training Specialist Educator | Greg Leisure | | 40 | / | 0.00% | \$27,000 | 12 | \$ 4,590 \$ | | | |
| 5. | | | | | | 0.00% | \$0 | | \$ | | | |
| 6. | | | | | Ì | 0.00% | \$0 | | \$ | | 1 | |
| A | ditional four positions for Statewide Technical Assista | nce Applicants Only: | | | | | · | | | | | |
| 7. | | | | | | 0.00% | \$0 | | \$ | | | |
| 8. | | | | | ļ | 0.00% | \$0 | | \$ | | | |
| 9. | | | | | | 0.00% | \$0 | | \$ | | | |
| 10 | | | | | <u> </u> | 0.00% | \$0 | | \$ 40,265 | | | 20.040.00 |
| = | 2012 POSITION NARRATIVE | | | | | | | Salary Total | \$ 40,265 | | | 36,640.00 |
| | ovide a justification, which relates to the project's goal. | | | | | | | | | | 1 | |
| 1. | Primary Prevention Specialist (PPC) | | pecialist will be responsible ity prevention team, obtainin | | | | | | | | | |
| 2. | Outreach/Prevention Specialist | Assists the Primary Prever Goal 2. | ntion Specialist with primary | prevention | planning and o | educational pre | esentation ac | tivities associa | ted with | | | |
| 3. | Training Specialist Educator | The Educator will be responded associated with | onsible for primary preventic Goal 6. | n education | activities with | people with dis | sabilities and | disability servi | ces | | | |
| 4. | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | |
| 9. | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |

| FRINGE Calculation Method | | | | | | | | | | | on Method B | | | |
|--|--|---------------------------------------|------------------------------------|-------------------------|-------------------------|-------------------------|---------------|---|-------|--------------|-------------|------|------|----------|
| | | | | | | | | | | Fringe Total | \$4,093 | | | |
| CALCULATION METHOD A: Fringe is calcula | CALCULATION METHOD A: Fringe is calculated using a percentage of total salaries. | | | | | | | | | | | | | |
| Position | Title of Position #1 | Title of Position #2 | Title of Position #3 | Title of Position #4 | Title of Position #5 | Title of Position #6 | | Statewide Only Title of Position #8 | | | Total | | | |
| Annual Salary | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | | | |
| % of Total Salaries Used to Calculate Fringe | | | | | | | | | | | 0.00% | | | |
| Fringe for Total Annual Salary | \$0 | \$0 | | \$0 | \$0 | \$0 | | \$0 | \$0 | | | | | |
| % on Grant | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | | | | |
| Allowable Fringe | \$0 | | | \$0 | | \$0 | | | | | \$0 | | | |
| Requested Fringe (If less than Allowable) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | | |
| CALCULATION METHOD B: Fringe is not cor | nputed by us | sing a percen | tage of total | salaries. | | | | | | | | | | |
| Position | Primary Prevention Specialist (PPC) | Outreach/Pr evention Specialist | Training Specialist Educator | Title of Position #4 | Title of Position #5 | Title of Position #6 | | Statewide Only Title of Position #8 | | | Total | | | |
| Annual Salary | \$31,000 | \$29,000 | \$27,000 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | | | |
| Fringe Detail: Include Calculation Method | | | | 0-1- | ladan Made | I D / | | 1) | | | | | | |
| (Percentage or Actual Cost) | | | | | | od B (percent | age or actual | | | | | | | |
| FICA 7.65 | \$2,372 | \$2,219 | \$2,025 | \$0 | | | | | | | | | | |
| TWC 2.77% rate | \$249 | \$249 | \$249 | \$0 | | | | | \$0 | | | | | |
| Dental Insurance | \$289 | \$289 | \$289 | \$0 | | \$0 | | | \$0 | | | | | |
| Workers Compensation 1.49% rate | \$402 | \$521 | \$225 | \$0 | | \$0 | | | \$0 | | | | | |
| Health Insurance | \$4,000 | \$5,492 | \$3,500 | \$0 | | \$0 | | | | | | | | |
| | \$0 | \$0 | \$0 | \$0 | | \$0 | | | \$0 | | | | | |
| | \$0 | \$0 | \$0 | \$0 | | \$0 | | | \$0 | | | | | |
| | \$0 | | \$0 | \$0 | | \$0 | | | \$0 | | | | | |
| Fringe for Total Annual Salary | \$7,312 | | \$6,288 | \$0 | \$0 | \$0 | | | \$0 | | | | | |
| % on Grant | 80.00% | 6.88% | 17.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | | | | |
| Allowable Fringe | \$5,850 | \$604 | \$1,069 | \$0 | | \$0 | | | \$0 | | \$7,523 | | | |
| Requested Fringe (If less than Allowable) | \$3,033 | \$635 | \$425 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$4,093 | 4093 | -100 | 3,993.00 |

| PROFESSIONAL & CONSULTANT | | | | FY: | 2012 | | | | |] |
|--|----------|-------|-------------------------|-----------------------------------|-----------------------|----------|----------|-----------|-------------|--------|
| Organizational Affiliation | Name | | Rate | Specify Unit: Days or Hours | # of Days or Hours | Total | | | | |
| 1. | | | \$0.00 | | 0 | \$ | | | | |
| 2. | | | \$0.00 | | 0 | \$ | | | | |
| 3. | | | \$0.00 | | 0 | \$ | | | | |
| TV COLO DE CENTRAL A CONTRAL TANT MATERIALEM | | | Profess | ional & Con | sultant Total | \$ | | | 0 | |
| FY 2012 PROFESSIONAL & CONSULTANT JUSTIFICATION Provide a justification, which relates to the project's goal. | | | | | | | | | | |
| I. | | | | | | | | | | I |
| 3. | | | | | | | <u>.</u> | | | |
| TRAVEL | | | | FY 2012 | | | | | | 1 |
| | # of 1 | Trips | # of People/ Drivers | \$ Cost | # of Miles or Days | Total | | | | |
| Local Travel (Mileage Only) | 31 | 0 | 1 | \$0.500 | 66 | \$ 990 | | | | |
| In-State Travel Mileage | 1 2 | ` | 0 | \$0,000 | 0 | | <u> </u> | ļ | 620 miles | \$ 630 |
| villeage Airfare | 0 | | 0 | \$0.000 \$0.000 | 0 | \$ \$ | 1 | 2 | 630 miles | \$ 630 |
| Per Diem | | , | 0 | \$0.000 | 0 | \$ | | \$ 36.00 | \$ 216.00 | |
| Lodging | | | 0 | \$0.000 | 0 | \$ | | \$ 105.00 | | |
| Rental car | | | | \$0.000 | 0 | \$ | | * | | |
| Parking at Airport | | | | \$0.000 | 0 | \$ | | | | |
| Other | | | • | | | \$ | | | | |
| Other | | | | | | \$ | | | | |
| Other | | | | | | \$ | | | | |
| Out-of-State Travel (Statewide Applicants for Technical Assistance Only) | | | | | | | | | | |
| Mileage Airfare | 0 | | 0 | \$0.000 \$0.000 | 0 | \$ \$ | | | | |
| Per Diem | | , | 0 | \$0.000 | 0 | \$ | | | 1 | ł |
| Lodging | | | 0 | \$0.000 | 0 | \$ | | | 1 | 1 |
| Rental car | | | | \$0.000 | 0 | \$ | | | | i |
| Parking at Airport | | | | \$0.000 | 0 | \$ | | | | 1 |
| Misc/Hotel Tax | | | | | | \$ | | | | |
| Other | | | | | | \$ | | | |] |
| Other | | | | | | \$ | | | A 0.5 | 1 |
| EV 2042 Least TDAVEL HISTIFICATION | | | | | Travel Total | \$ 990 | | | \$ 2,256.00 | |
| FY 2012 Local TRAVEL JUSTIFICATION Provide a justification, which relates to the project's goal. | | | | | | | | | | |
| Local travel for grant funded staff to conduct various primary prevention activities in the co | mmunity. | | | | | | | | | |
| FY 2012 In-State TRAVEL JUSTIFICATION Provide a justification, which relates to the project's goal. | | | | | | | | | | |
| Attend Sexual Assault Annual Conference and training in Dallas, Texas. This is a compor Conference is scheduled for May 15-17, 2012. The Primary Prevention Specialist and Tra | | | essional devel | opment of ne | w techniques. | | | | | |
| FY 2012 Out-of-State TRAVEL JUSTIFICATION | | | | | | | | | <u> </u> | 1 |
| Provide a justification, which relates to the project's goal. | | | | | | | | | | 1 |
| | | | | | | | | | | |
| | | | | | | | | l | | |
| | | | | | | | | | | |

| EQUIPMENT | 0 | | | | | | |
|---|---|--------|--------------|-------------------|--|--|----------|
| 1. | | \$0.00 | 0 | \$0 | | | |
| 2. | | \$0.00 | 0 | \$0 | | | |
| 3. | | \$0.00 | 0 | \$0 | | | |
| 4. | | \$0.00 | 0 | \$0 | | | |
| 5. | | \$0.00 | 0 | \$0 | | | |
| 6. | | \$0.00 | 0 | \$0 \$0 | | | |
| FY 2012 EQUIPMENT NARRATIVE | | Equ | ipment Total | \$0 | | | |
| Provide a justification, which relates to the project's goal. | | | | | | | |
| | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |

| | | | | 2012 | | | | | |
|----|---|---|-----------------|---------------|------------------------|-------|----------|---|-------------|
| sı | JPPLIES | | Months | Cost | # of Items or Staff | Total | | | |
| 01 | ne-Time Purchases: | | | | Stall | | | | |
| 1. | Projector and Carrying Case | | | \$0.00 | 0 | \$0 | \$251.00 | 1 | \$251 |
| 2. | | | | \$0.00 | 0 | | *====== | | |
| 3. | | | | \$0.00 | 0 | \$0 | | | |
| 4. | | | | \$0.00 | | | | | |
| 5. | | | | \$0.00 | 0 | \$0 | | | |
| 6. | | | | \$0.00 | 0 | | | | |
| 7. | | | | \$0.00 | | | | | |
| Ge | eneral Office Supplies: | | | | | | | | |
| 8. | General Office Supplies | | 6 | \$12.50 | | | | | |
| 9. | | | | \$0.00 | 0 | | | | |
| 10 | | | | \$0.00 | | | | | |
| | | | | S | upplies Total | \$225 | | | \$476 |
| | 2012 SUPPLIES NARRATIVE | | | | | | | | |
| Pr | ovide a justification, which relates to the project's goal. | | | | | | | | |
| 1. | Projector and Carrying Case | Projector and Carrying case to be used for presentations during meetings with the conducting primary prevention activities to target audiciences for the grant funder | | prevention to | eam, and also | when | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |
| 8. | General Office Supplies | Paper, pens, pencils for the daily use in training and outreach activities of the gra | int funded stat | ff. | | | | | |
| 9. | | | | | | | | | |
| 10 | | | | | | | | | |

| | | | FY 2 | 012 | | | | |] |
|---|---|------------------------|--------|------------------|------------|--|----|----------|-------------|
| OTHER DIRECT OPERATING EXPENSES | | # of Staff or Items | Months | Cost | Total | | | | |
| One-Time Purchases: | | | | | • | | | |] |
| 1. | | 0 | | \$0.00 | \$0 | | | | |
| 2. | | 0 | | \$0.00 | \$0 | | | | |
| 3. | | 0 | | \$0.00 | \$0 | | | | |
| 1. 5. | | 0 | | \$0.00 \$0.00 | \$0 \$0 | | | | |
| On-Going Expenses: | | | | \$0.00 | \$0 | | | | - |
| 6. Office Utilities | | 3 | 12 | \$1.66 | \$60 | | | | 1 |
| 7. Copier Lease | | 3 | 12 | \$5.00 | \$180 | | | | 1 |
| 3. Liability Insurance | | 3 | 12 | \$10.83 | \$390 | | | | |
| 9. | | 0 | 0 | \$0.00 | \$0 | | 12 | \$ 61.32 | \$ 2,208.00 |
| 10. | | 0 | 0 | \$0.00 | \$0 | | | | 1 |
| Y 2012 OTHER DIRECT OPERATING EXPENSES NARRA | TIVE | | | | | | | |] |
| Provide a justification, which relates to the project's goal. | | | | | | | | | |
| | | | | | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | • |
| 5. Office Utilities | Office utilities cost for grant funded staff to conduct primary prevention activities | on a daily bas | is. | | | | | | |
| 7. Copier Lease | Copier lease to allow grant funded staff to create and develop various primary prevention related documents, brochures, and nandouts used during educational presentations. | | | | | | | | |
| 3. Liability Insurance | Liability insurance to provide liability protection for primary prevention staff. | | | | | | | | |
|). | Occupancy rent for grant funded staff to carry out their primary activities. | | | | | | | | |
| 10. | | | | | | | | | |

| Travel for non-grant funded individuals such as for advisory committees and primary prevention committees. | # of Trips | # of People | \$ Cost | # of Miles or Days | Total | | |
|--|------------|-------------|---------|-----------------------|-------|--|-------------|
| Mileage | 0 | 0 | \$0.000 | 0 | \$ | | |
| Airfare | 0 | 0 | \$0.000 | | \$ | | |
| Per Diem | | 0 | \$0.000 | 0 | \$ | | |
| Lodging | | 0 | \$0.000 | 0 | \$ | | |
| Misc/Hotel Tax | | 0 | \$0.000 | 0 | \$ | | |
| Other | \$ | | | | | | |
| | \$ | | | | | | |
| | | | | ODOE Total | \$630 | | \$ 2,838.00 |
| FY 2012 OTHER DIRECT OPERATING EXPENSE-TRAVEL NARRATIVE | | | | | | | |
| Provide a justification, which relates to the project's goal. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total Budget FY 2012 \$46,2 | | | | | | | 46,203.00 |
| | <u> </u> | | | | | | |